

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	09/785,235
Application Date::	02/20/01
Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Attorney Docket Number::	PHARMA-115

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Canada
Status::	FULL CAPACITY
Given Name::	Moulay-Hicham
Family Name::	ALAOUI-ISMAILI
City of Residence::	Newton
State or Province of Residence::	Massachusetts
Country of Residence::	USA
Street of Mailing Address::	10 Hatfield
City of Mailing Address::	Newton
State or Province of Mailing Address::	Massachusetts
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	02465

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Canada
Status::	FULL CAPACITY
Given Name::	Yun-Xing
Family Name::	CHENG
City of Residence::	Pierrefonds
State or Province of Residence::	Canada
Country of Residence::	Canada
Street of Mailing Address::	1840 Auban
City of Mailing Address::	Pierrefonds
State or Province of Mailing Address::	Quebec
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	H9K 1P5

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Jean-Francois
Family Name:: LAVALLEE
City of Residence:: Bellefeuille
State or Province of Residence:: Canada
Country of Residence:: Canada
Street of Mailing Address:: 28 Chemin Scraire
City of Mailing Address:: Bellefeuille
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: J0R 1A0

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Mohammad
Middle Name:: Arshad
Family Name:: SIDDIQUI
City of Residence:: Newton
State or Province of Residence:: Massachusetts
Country of Residence:: Canada
Street of Mailing Address:: 10 Ohio Avenue
City of Mailing Address:: Newton
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02465

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: United Kingdom
 Status:: FULL CAPACITY
 Given Name:: Richard
 Family Name:: STORER
 City of Residence:: Middlesex
 State or Province of Residence:: United Kingdom
 Country of Residence:: United Kingdom
 Street of Mailing Address:: 26 Cecil Park
 City of Mailing Address:: Middlesex
 State or Province of Mailing Address:: United Kingdom
 Country of Mailing Address:: United Kingdom
 Postal or Zip Code of Mailing Address:: HA5 5HH

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Provisional	60/183,349	02/18/00

ASSIGNMENT INFORMATION

Assignee Name:: BioChem Pharma Inc.
 Street of Mailing Address:: 275 Armand-Frappier Blvd.
 City of Mailing Address:: Laval
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: H7V 4A7